

(FH-0278-0108x) green

(FOR EMPLOYERS WITH A SEPARATE PRESCRIPTION DRUG PLAN)

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
RATES EFFECTIVE 4/1/2008 to 12/31/2008

PLAN/COVERAGE DESCRIPTION	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
<u>NJ DIRECT15 - #150</u>			
Single	\$328.67	-----	\$328.67
Member & Spouse/Partner	\$329.91	\$409.59	\$739.50
Family	\$330.36	\$491.31	\$821.67
Parent & Child	\$329.21	\$130.92	\$460.13
<u>NJ DIRECT10 - #050</u>			
Single	\$345.25	-----	\$345.25
Member & Spouse/Partner	\$346.49	\$430.32	\$776.81
Family	\$346.94	\$516.19	\$863.13
Parent & Child	\$345.79	\$137.55	\$483.34
<u>AETNA, INC. - #019</u>			
Single	\$322.22	-----	\$322.22
Member & Spouse/Partner	\$323.46	\$401.54	\$725.00
Family	\$323.91	\$481.65	\$805.56
Parent & Child	\$322.76	\$128.35	\$451.11
<u>CIGNA HealthCare HMO - #020</u>			
Single	\$325.44	-----	\$325.44
Member & Spouse/Partner	\$326.68	\$405.57	\$732.25
Family	\$327.13	\$486.48	\$813.61
Parent & Child	\$325.98	\$129.64	\$455.62
<u>PRESCRIPTION DRUG PROGRAM - #201</u>			
Single	\$119.00	-----	\$119.00
Member & Spouse/Partner	\$119.00	\$148.75	\$267.75
Family	\$119.00	\$178.50	\$297.50
Parent & Child	\$119.00	\$47.60	\$166.60

(FH-0279-0108x) pink

(FOR EMPLOYERS **WITHOUT** A SEPARATE PRESCRIPTION DRUG PLAN)

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NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
RATES EFFECTIVE 4/1/2008 to 12/31/2008

PLAN/COVERAGE DESCRIPTION	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
<u>NJ DIRECT15 - #150</u>			
Single	\$394.40	-----	\$394.40
Member & Spouse/Partner	\$395.64	\$491.76	\$887.40
Family	\$396.09	\$589.91	\$986.00
Parent & Child	\$394.94	\$157.22	\$552.16
<u>NJ DIRECT10 - #050</u>			
Single	\$414.30	-----	\$414.30
Member & Spouse/Partner	\$415.54	\$516.63	\$932.17
Family	\$415.99	\$619.76	\$1,035.75
Parent & Child	\$414.84	\$165.18	\$580.02
<u>AETNA, INC. - #019</u>			
Single	\$409.22	-----	\$409.22
Member & Spouse/Partner	\$410.46	\$510.29	\$920.75
Family	\$410.91	\$612.15	\$1,023.06
Parent & Child	\$409.76	\$163.15	\$572.91
<u>CIGNA HealthCare HMO - #020</u>			
Single	\$413.31	-----	\$413.31
Member & Spouse/Partner	\$414.55	\$515.41	\$929.96
Family	\$415.00	\$618.29	\$1,033.29
Parent & Child	\$413.85	\$164.79	\$578.64